

# Electronic Filing Instructions for your 2016 Federal Tax Return

Important: Your taxes are not finished until all required steps are completed.



Laura M Mattiace  
186 Locust Street, Apt. PVT  
Floral Park, NY 11001

<b>Balance Due/Refund</b>	Your federal tax return (Form 1040A) shows a refund due to you in the amount of \$1,862.00. Your tax refund should be mailed to you within three to four weeks after your return is accepted.		
<b>When Will You Get Your Refund?</b>	The IRS issued more than 9 out of 10 refunds to taxpayers in less than 21 days last year. The same results are expected in 2017. To get your estimated refund date from TurboTax, log into My TurboTax at <a href="http://www.turbotax.com">www.turbotax.com</a> . If you do not receive your refund within 21 days, or the amount you get is not what you expected, contact the Internal Revenue Service directly at 1-800-829-4477. You can also check <a href="http://www.irs.gov">www.irs.gov</a> and select the "Where's my refund?" link.		
<b>What You Need to Keep</b>	Your Electronic Filing Instructions (this form) Printed copy of your federal return		
<b>2016 Federal Tax Return Summary</b>	Adjusted Gross Income	\$	48,693.00
	Taxable Income	\$	38,343.00
	Total Tax	\$	5,328.00
	Total Payments/Credits	\$	7,190.00
	Amount to be Refunded	\$	1,862.00
	Effective Tax Rate		10.94%

Your first name and initial		Last name		OMB No. 1545-0074	
Laura M		Mattiace		Your social security number	
				125   80   1511	
If a joint return, spouse's first name and initial		Last name		Spouse's social security number	
Home address (number and street). If you have a P.O. box, see instructions.				Apt. no.	▲ Make sure the SSN(s) above and on line 6c are correct.
186 Locust Street				PVT	
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).				Presidential Election Campaign	
Floral Park NY 11001				Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.	
Foreign country name		Foreign province/state/county		Foreign postal code	
				<input type="checkbox"/> You <input type="checkbox"/> Spouse	

**Filing status**  
 Check only one box.

1 ☒ Single  
 2 ☐ Married filing jointly (even if only one had income)  
 3 ☐ Married filing separately. Enter spouse's SSN above and full name here. ▶  
 4 ☐ Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶  
 5 ☐ Qualifying widow(er) with dependent child (see instructions)

**Exemptions**  
 If more than six dependents, see instructions.

6a ☒ Yourself. If someone can claim you as a dependent, **do not** check box 6a.  
 b ☐ Spouse  
 c **Dependents:**

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions)
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

Boxes checked on 6a and 6b  
 No. of children on 6c who:  
 • lived with you  
 • did not live with you due to divorce or separation (see instructions)  
 Dependents on 6c not entered above  
 Add numbers on lines above ▶

1  
  
  
  
  
 1

d Total number of exemptions claimed.

**Income**  
 Attach Form(s) W-2 here. Also attach Form(s) 1099-R if tax was withheld.  
 If you did not get a W-2, see instructions.

7	Wages, salaries, tips, etc. Attach Form(s) W-2.	7	48,442.
8a	Taxable interest. Attach Schedule B if required.	8a	
b	Tax-exempt interest. <b>Do not</b> include on line 8a.	8b	
9a	Ordinary dividends. Attach Schedule B if required.	9a	251.
b	Qualified dividends (see instructions).	9b	251.
10	Capital gain distributions (see instructions).	10	
11a	IRA distributions.	11a	
11b	Taxable amount (see instructions).	11b	
12a	Pensions and annuities.	12a	
12b	Taxable amount (see instructions).	12b	
13	Unemployment compensation and Alaska Permanent Fund dividends.	13	
14a	Social security benefits.	14a	
14b	Taxable amount (see instructions).	14b	
15	Add lines 7 through 14b (far right column). This is your <b>total income</b> .	15	48,693.
16	Educator expenses (see instructions).	16	
17	IRA deduction (see instructions).	17	
18	Student loan interest deduction (see instructions).	18	
19	Tuition and fees. Attach Form 8917.	19	
20	Add lines 16 through 19. These are your <b>total adjustments</b> .	20	
21	Subtract line 20 from line 15. This is your <b>adjusted gross income</b> .	21	48,693.



# Tax History Report

2016

► Keep for your records

Name(s) Shown on Return  
Laura M Mattiace

	Five Year Tax History:				
	2012	2013	2014	2015	2016
Filing status . . . . .	Single	Single	Single	Single	Single
Total income . . . . .	3,958.	9,103.	17,846.	32,249.	48,693.
Adjustments to income					
Adjusted gross income	3,958.	9,103.	17,846.	32,249.	48,693.
Tax expense . . . . .	14.	103.	575.	1,388.	2,372.
Interest expense . . .					
Contributions . . . . .					
Miscellaneous deductions. . . . .					0.
Other Itemized Deductions . . . . .					
Total itemized/standard deduction . .	4,258.	6,100.	6,200.	6,300.	6,300.
Exemption amount . .	0.		3,950.	4,000.	4,050.
Taxable income . . . .	0.	3,003.	7,696.	21,949.	38,343.
Tax. . . . .		303.	768.	2,828.	5,328.
Alternative min tax . .					
Total credits . . . . .					
Other taxes . . . . .					
Payments . . . . .	189.	680.	1,824.	4,144.	7,190.
Form 2210 penalty . .					
Amount owed . . . . .					
Applied to next year's estimated tax .					
Refund. . . . .	189.	377.	1,056.	1,316.	1,862.
Effective tax rate % . .	0.00	3.33	4.30	8.77	10.94
**Tax bracket % . . .	10.0	10.0	10.0	15.0	25.0

\*\*Tax bracket % is based on Taxable income.

**Part I – Personal Information**Information in Part I is **completely calculated** from entries on Personal Information Worksheets.**Taxpayer:**

First name . . . . . Laura  
 Middle initial . . . . . M Suffix . . . . . \_\_\_\_\_  
 Last name . . . . . Mattiace  
 Social security no. . . . . 125-80-1511  
 Occupation . . . . . Clerk  
 Date of birth . . . . . 10/06/1992 (mm/dd/yyyy)  
 Age as of 1-1-2017 . . . . . 24  
 Daytime phone . . . . . (516) 488-7153 Ext \_\_\_\_\_  
 Legally blind . . . . . ☐  
 Date of death . . . . . \_\_\_\_\_

**Dependent of Someone Else:**

**Can** taxpayer be claimed as dependent of another person (such as parent)? . . . ☐ Yes ☒ No  
 If yes, **was** taxpayer claimed as dependent on that person's return? . . . . . ☐ Yes ☐ No

**Credit for the Elderly or Disabled (Schedule R):**

Is the taxpayer retired on total and permanent disability? . . ☐ Yes ☐ No

**Presidential Election Campaign Fund:**

Does the taxpayer want \$3 to go to the Presidential Election Campaign Fund? . . ☐ Yes ☐ No

**Spouse:**

First name . . . . . \_\_\_\_\_  
 Middle initial . . . . . \_\_\_\_\_ Suffix . . . . . \_\_\_\_\_  
 Last name . . . . . \_\_\_\_\_  
 Social security no. . . . . \_\_\_\_\_  
 Occupation . . . . . \_\_\_\_\_  
 Date of birth . . . . . \_\_\_\_\_ (mm/dd/yyyy)  
 Age as of 1-1-2017 . . . . . \_\_\_\_\_  
 Daytime phone . . . . . \_\_\_\_\_ Ext \_\_\_\_\_  
 Legally blind . . . . . ☐  
 Date of death . . . . . \_\_\_\_\_

**Dependent of Someone Else:**

**Can** spouse be claimed as dependent of another person (such as parent)? . . ☐ Yes ☐ No  
 If yes, **was** spouse claimed as dependent on that person's return? . . . . . ☐ Yes ☐ No

**Credit for the Elderly or Disabled (Schedule R):**

Is the spouse retired on total and permanent disability? . . ☐ Yes ☐ No

**Presidential Election Campaign Fund:**

Does the spouse want \$3 to go to the Presidential Election Campaign Fund? . . ☐ Yes ☐ No

**Part II – Address and Federal Filing Status** (enter information in this section)

Address . . . . . 186 Locust Street Apt no. . . PVT  
 City . . . . . Floral Park State . . . NY ZIP code . . . 11001  
 Foreign code . . . \_\_\_\_\_ Foreign country . . . \_\_\_\_\_  
 Foreign province/county \_\_\_\_\_ Foreign postal code \_\_\_\_\_

APO/FPO/DPO address, check if appropriate . . . . . APO ☐ FPO ☐ DPO ☐

Home phone . . . \_\_\_\_\_

Check to print phone number on Form 1040 . . . ☐ Home ☒ Taxpayer daytime ☐ Spouse daytime

**Federal filing status:**

- ☒ **1** Single  
☐ **2** Married filing jointly  
☐ **3** Married filing separately  
 Check this box if you **did not** live with your spouse at any time during the year . . . . . ☐  
 Check this box if you are eligible to claim your spouse's exemption (see Help) . . . . . ☐  
☐ **4** Head of household  
 If the 'qualifying person' is your child but **not** your dependent:  
 Child's First name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_ Suff \_\_\_\_\_  
 Child's social security number . . . \_\_\_\_\_  
☐ **5** Qualifying widow(er)  
 Check the appropriate box for the year your spouse died . . . . . 2014 ☐  
 . . . . . 2015 ☐

**Part III – Dependent/Earned Income Credit/Child and Dependent Care Credit Information**

Information in Part III is completely calculated from entries on Dependent/Nondependent Info Worksheets.

First name Last name	MI Suff	Social security number Relationship	Date of birth (mm/dd/yyyy)			Date of death (mm/dd/yyyy)	E I C	Lived with taxpyr in U.S.	Educ Tuitn and Fees	* D e p
			Age	C o d e	Not qual for child tax cr	Qualified child/dep care exps incurred and paid 2016				

\* "Yes" - qualifies as dependent, "No" - does not qualify as dependent

**Part IV – Earned Income Credit Information** (you must answer these questions to calculate EIC)

Is the taxpayer or spouse a qualifying child for EIC for another person? . . . . . ☐ Yes ☐ No  
Was the taxpayer's (and spouse's if married filing jointly) home in the United States  
for more than half of 2016? . . . . . ☐ Yes ☐ No  
If the SSN of the taxpayer, or spouse if married filing jointly, was obtained to  
get a federally funded benefit, such as Medicaid, and the Social Security card  
contains the legend **Not Valid for Employment**, check this box (see Help) . . . . . ☐  
Check if you are filing head of household **and** your spouse is a nonresident alien  
**and** you lived with your spouse during the last six months of 2016 . . . . . ☐  
Was EIC disallowed or reduced in a previous year and are you required to file  
Form 8862 this year? . . . . . ☐ Yes ☐ No  
Check if you were notified by the IRS that EIC cannot be claimed in 2016 or  
if you are ineligible to claim the EIC in 2015 for any other reason . . . . . ☐

**Part V – Direct Deposit or Direct Debit Information (not applicable for Form 9465)**

Do you want to elect **direct deposit** of any federal tax refund? . . . . . ☐ Yes ☒ No  
Do you want to elect **direct debit** of federal balance due (Electronic filing only)? . . . ☐ Yes ☒ No

If you selected either of the options above, fill out the information below:

Name of Financial Institution (optional) . . . . . ☐  
Check the appropriate box . . . . . ☒ Checking ☐ Savings  
Routing number . . . . . ☐ Account number . . . . . ☐

**Enter the following information only if you are requesting direct debit of balance due:**

Enter the payment date to withdraw from the account above . . . . . ☐  
Balance-due amount from this return . . . . . ☐

**Part VI – Additional Information for Your Federal Return****Standard Deduction/Itemized Deductions:**

Check this box if you are itemizing for state tax or other purposes even though your itemized  
deductions are less than your standard deduction . . . . . ☐  
Check this box if you are married filing separately and your spouse itemized deductions . . . . . ☐  
Check this box to take the standard deduction even if less than itemized deductions . . . . . ☐

**Main Form Selection:**

Check this box to calculate Form 1040 even if you qualify to use Form 1040A or 1040EZ. . . . . ☐

**Real Estate Professionals:**

Do you or your spouse qualify for the special passive activity rules for  
taxpayers in real property business? (see Help) . . . . . ☐ Yes ☐ No

**Credit for Qualified Retirement Savings Contributions (Form 8880):**

Is the taxpayer a full-time student? . . . . . ☐ Yes ☐ No  
Is the spouse a full-time student? . . . . . ☐ Yes ☐ No

**Foreign Tax Credit (Form 1116):**

Check this box to file Form 1116 even if you're not required to file Form 1116 . . . . . ☐  
Resident country . . . . . ☐ USA

**Excludable Income from Am. Samoa, Guam, Commonwealth of the N. Mariana Islands, or Puerto Rico:**

Excludable income of bona fide residents of American Samoa, Guam, or the  
Commonwealth of the Northern Mariana Islands . . . . . ☐  
Excludable income from Puerto Rico . . . . . ☐

**Dual Status Alien Return:**

Check this box if you are a dual-status alien . . . . . ☐

**Third Party Designee:**

**Caution:** Review transferred information for accuracy.

Do you want to allow another person to discuss this return with the IRS? . . . . . ☐ Yes ☐ No

If Yes, complete the following:

Third party designee name . . . . . ☐

Third party designee phone number . . . ☐

Personal Identification number (enter any 5 numbers) . . . ☐

If you are entitled to a filing extension or other disaster relief provision as declared by the IRS,  
enter the appropriate information (see Help) . . . . . ☐

**Part VI – Additional Information for Your Federal Return - Continued****Personal Representative for deceased taxpayers:**

Name of personal representative required for E-filed  
returns when Form 1310 is not filed or it is not the  
surviving spouse . . . . . ▶ \_\_\_\_\_

**Part VII – State Filing Information****Identity Protection PIN:**

If the IRS sent the taxpayer an Identity Protection PIN, enter it here . . . . . ▶ \_\_\_\_\_

If the IRS sent the spouse an Identity Protection PIN, enter it here . . . . . ▶ \_\_\_\_\_

**Taxpayer:**

Enter the taxpayer's state of residence as of December 31, 2016 . . . . . ▶ NY

Check the appropriate box:

Taxpayer is a resident of the state above for the entire year . . . . . ▶ ☒

Taxpayer is a resident of the state above for only part of year . . . . . ▶ ☐

Date the taxpayer established residence in state above . . . . . ▶ \_\_\_\_\_

In which state (or foreign country) did the taxpayer reside before this change? . . . . . ▶ \_\_\_\_\_

**Spouse:**

Enter the spouse's state of residence as of December 31, 2016 . . . . . ▶ \_\_\_\_\_

Check the appropriate box:

Spouse is a resident of the state above for the entire year . . . . . ▶ ☐

Spouse is a resident of the state above for only part of year . . . . . ▶ ☐

Date the spouse established residence in state above . . . . . ▶ \_\_\_\_\_

In which state (or foreign country) did the spouse reside before this change? . . . . . ▶ \_\_\_\_\_

Nonresident states:

Nonresident State(s)	Taxpayer/Spouse/Joint
_____	_____
_____	_____
_____	_____
_____	_____

Check this box if you are in a Registered Domestic Partnership or a civil union . . . . . ▶ ☐

If you checked the box on the line above, also check the appropriate box below:

Check if this is your individual federal return you are filing with the IRS . . . . . ▶ ☐

Check if this is the joint return created to file joint state tax return (see Help) . . . . . ▶ ☐

Use the PIN that you signed last year's tax return with.

Taxpayer's Prior year PIN \_\_\_\_\_

Spouse's Prior year PIN \_\_\_\_\_

These signature PINs are chosen by the taxpayer and spouse and used for e-filing your tax return

Taxpayer's PIN used to sign the return 32983

Spouse's PIN used to sign the return \_\_\_\_\_

**Taxpayer:**

Drivers license or state ID number 130944106

Issued by what state NY

Expiration Date

Issued Date

License or ID license . ☒ ID . ☐ neither . ☐

New York Document Number 5DYJQK6R02

**Spouse**

Drivers license or state ID number

Issued by what state

Expiration Date

Issued Date

License or ID license . ☐ ID . ☐ neither . ☐



## 2016

- Keep for your records

**QuickZoom** to another copy of Personal Information Worksheet . . . . . ►  
**QuickZoom** to Federal Information Worksheet . . . . . ►

## Part I – Taxpayer's Personal Information

First name . . . Laura Middle initial . M Last name . . Mattiace  
Suffix . . . . .

Social security no. . . 125-80-1511      Member of U.S. Armed Forces in 2016? . . ☐ Yes      ☒ No

Date of birth . . . . . 10/06/1992 (mm/dd/yyyy)      age as of 1-1-2017. . . . . 24

Occupation . . . Clerk Daytime phone . . . (516) 488-7153 Ext

Marital status . . .Single

If widowed, check the appropriate box for the year your spouse died:

After 2016 ▶  2016 . ▶  2015 . ▶  2014 . ▶  Before 2014 . ▶

Are you retired on total and permanent disability? (for Schedule R, see Help). . . . . ☐ Yes ☐ No

Check if this person is legally blind . . . . . ☐ Yes ☒ No

If deceased, enter the date of death . . . . . ▶ (mm/dd/yyyy)

Were you under the age of 16 as of 1-1-2017 and this is the first year you are filing a tax return? . . . . . ☐ Yes ☐ No

Do you want \$3 to go to Presidential Election Campaign Fund? . . . . . ▶ ☐ Yes ☐ No

## Part II – Questions for Individuals Who Could Be Or Are Dependents of Another Taxpayer

1 **Can** someone (such as your parent) claim you as a dependent? . . . . . ☐ Yes ☒ No

2 If you answered 'Yes' to question 1, are you actually claimed as a dependent on that person's tax return? . . . . . ☐ Yes ☐ No

Questions 3 through 5 are only required for individuals who claim the American Opportunity Credit.

3 Were you a full-time student during any part of five months during 2016? . . . . . ☐ Yes ☐ No

4 Did your earned income exceed one-half of your support? . . . . . ▶ ☐ Yes ☐ No

5 Was at least one of your parents alive on December 31, 2016? . . . . . ☐ Yes ☐ No

### Part III – Taxpayer's State Residency Information

Enter this person's state of residence as of December 31, 2016 . . . . . NY

Check the appropriate box:

This person is a resident of the state above for the entire year . . . . . ☒

This person is a resident of the state above for only part of year . . . . . ☐

Date this person established residence in state above . . . . . ▶

In which state (or foreign country) did this person reside before this change? . . . . . ▶

## Part IV – Dependent Care Expenses

Qualified dependent care expenses incurred and paid for this person in 2016 . . . . .

Unreimbursed medical expenses paid for qualifying person in 2016 . . . . .

Employment taxes paid for dependent care providers in 2016 . . . . .

Full-time student for 5 calendar months during 2016? . . . . . ☐ Yes ☐ No

Disabled person who was not physically or mentally capable of self-care? . . . . . ▶ ☐ Yes ☐ No

This person is a qualifying person for the child and dependent care credit . . . . . ☐ Yes ☒ No

## Part VI – Healthcare Coverage

Does coverage in prior year qualify January and February for eligibility for short gap exemption? See help for additional details. ☒ Yes ☐ No

Prior year covered or exempt other than short gap exemption for November and December, supports answer to January and February eligible for short gap exemption above.

Check if covered or exempt (other than short gap) for prior year November . . . . . ☒ X

Check if covered or exempt (other than short gap) for prior year November	X
Check if covered or exempt (other than short gap) for prior year December	X

Check the appropriate box below to indicate the healthcare coverage for this person. Select 12 months if they were covered all year, select the individual months if they were not covered all year and leave blank if they did not have minimum essential during any month of the year.

12 months    Jan    Feb    Mar    Apr    May    Jun    Jul    Aug    Sep    Oct    Nov    Dec

Enter any Marketplace-granted coverage exemption for this person below:

Exemption Certificate Number	Exemption Start Month	Exemption End Month

Enter any other insurance coverage exemption requested for this person below:

Exemption Type										Check Full Year or Months Exempt for Each Type											
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec									
							Full Year . . . ▶														
							Full Year . . . ▶														
							Full Year . . . ▶														

Healthcare coverage information has been completed for this person.. . . . ☐

► Keep for your records

Name(s) Shown on Return  
Laura M Mattiace

Social Security Number  
125-80-1511

**Form W-2 Summary**

Box No.	Description	Taxpayer	Spouse	Total
<b>1</b>	Total wages, tips and compensation:			
	Non-statutory & statutory wages not on Sch C . . .	48,442.		48,442.
	Statutory wages reported on Schedule C . . . . .			
	Foreign wages included in total wages. . . . .			
	Unreported tips. . . . .			
<b>2</b>	Total federal tax withheld . . . . .	7,190.		7,190.
<b>3 &amp; 7</b>	Total social security wages/tips . . . . .	50,048.		50,048.
<b>4</b>	Total social security tax withheld . . . . .	3,103.		3,103.
<b>5</b>	Total Medicare wages and tips . . . . .	50,048.		50,048.
<b>6</b>	Total Medicare tax withheld . . . . .	725.		725.
<b>8</b>	Total allocated tips . . . . .			
<b>9</b>	Not used . . . . .			
<b>10 a</b>	Total dependent care benefits . . . . .			
<b>b</b>	Offsite dependent care benefits			
<b>c</b>	Onsite dependent care benefits			
<b>11</b>	Total distributions from nonqualified plans . . .			
<b>12 a</b>	Total from Box 12 . . . . .	10,536.		10,536.
<b>b</b>	Elective deferrals to qualified plans . . . . .	2,390.		2,390.
<b>c</b>	Roth contributions to 401(k) & 403(b) plans . .			
<b>d</b>	Deferrals to government 457 plans . . . . .			
<b>e</b>	Deferrals to non-government 457 plans . . . .			
<b>f</b>	Deferrals 409A nonqual deferred comp plan . .			
<b>g</b>	Income 409A nonqual deferred comp plan . .			
<b>h</b>	Uncollected Medicare tax . . . . .			
<b>i</b>	Uncollected social security and RRTA tier 1 . .			
<b>j</b>	Uncollected RRTA tier 2 . . . . .			
<b>k</b>	Income from nonstatutory stock options . . . .			
<b>l</b>	Non-taxable combat pay . . . . .			
<b>m</b>	Total other items from box 12 . . . . .	8,146.		8,146.
<b>14 a</b>	Total deductible mandatory state tax . . . . .			
<b>b</b>	Total deductible charitable contributions . . . .			
<b>c</b>	This line does not apply to TurboTax . . . . .			
<b>d</b>	Total RR Compensation . . . . .			
<b>e</b>	Total RR Tier 1 tax . . . . .			
<b>f</b>	Total RR Tier 2 tax . . . . .			
<b>g</b>	Total RR Medicare tax . . . . .			
<b>h</b>	Total RR Additional Medicare tax . . . . .			
<b>i</b>	Total RRTA tips. . . . .			
<b>j</b>	Total other items from box 14 . . . . .	1,606.		1,606.
<b>16</b>	Total state wages and tips . . . . .	48,442.		48,442.
<b>17</b>	Total state tax withheld . . . . .	2,372.		2,372.
<b>19</b>	Total local tax withheld. . . . .			

Name  
Laura M Mattiace

Social Security Number  
125-80-1511

☐ **Spouse's W-2**  
☐ **Do not transfer this W-2 to next year**

**Military:** Complete **Part VI** on Page 2 below

**a** Employee's social security No. 125-80-1511  
**b** Employer's ID number . . . . 41-2258087  
**c** Employer's name, address, and ZIP code  
BAKERTOWNE VALLEY, INC  
 Street 431 BUNKER DRIVE  
 City OCEANSIDE  
 State NY ZIP Code 11572  
 Foreign Country \_\_\_\_\_

**d** Control number . \_\_\_\_\_

☐ **Transfer employee information from the Federal Information Worksheet**

**e** Employee's name  
 First LAURA M.I. \_\_\_\_\_  
 Last MATTIACE Suff. \_\_\_\_\_  
**f** Employee's address and ZIP code  
 Street 186 LOCUST ST  
 City FLORAL PARK  
 State NY ZIP Code 11001  
 Foreign Country \_\_\_\_\_

**1** Wages, tips, other compensation  
712.50

**3** Social security wages  
712.50

**5** Medicare wages and tips  
712.50

**7** Social security tips  
 \_\_\_\_\_

Verification Code  
 \_\_\_\_\_

**11** Nonqualified plans  
 \_\_\_\_\_

**12** Enter box 12 below  
 \_\_\_\_\_

**13** ☐ Statutory employee  
☐ Retirement plan  
☐ Third-party sick pay

**14** Enter box 14 below **after** entering boxes 18, 19, and 20.  
**NOTE:** Enter box 15 **before** entering box 14.

**2** Federal income tax withheld  
2.00

**4** Social security tax withheld  
44.18

**6** Medicare tax withheld  
10.33

**8** Allocated tips  
 \_\_\_\_\_

**10** Dependent care benefits  
 \_\_\_\_\_

Distributions from sect. 457 and nonqualified plans  
*(Important, see Help)*  
 \_\_\_\_\_

**Box 12**  
Code

**Box 12**  
Amount

If Box 12 code is:

A: Enter amount attributable to RRTA Tier 2 tax \_\_\_\_\_

M: Enter amount attributable to RRTA Tier 2 tax \_\_\_\_\_

P: Double click to link to Form 3903, line 4. . . \_\_\_\_\_

R: Enter MSA contribution for Taxpayer . . . \_\_\_\_\_

Spouse . . . . \_\_\_\_\_

W: Enter HSA contribution for Taxpayer . . . \_\_\_\_\_

Spouse . . . . \_\_\_\_\_

G: ☐ Employer is **not** a state or local government

**Box 15**

State

NY

Employer's state I.D. no.

48768343

**Box 16**

State wages, tips, etc.

712.50

**Box 17**

State income tax

**Box 20**

Locality name

**Box 18**

Local wages, tips, etc.

**Box 19**

Local income tax

Associated  
State

**Box 14**

Description or Code  
on Actual Form W-2

Amount

TurboTax Identification of Description or Code  
(Identify this item by selecting the identification from the drop down list. If not on the list, select Other).

Name  
Laura M MattiaceSocial Security Number  
125-80-1511☐**Spouse's W-2****Do not transfer this W-2 to next year****Military:** Complete **Part VI** on Page 2 below

**a** Employee's social security No. 125-80-1511  
**b** Employer's ID number . . . . 14-6013200  
**c** Employer's name, address, and ZIP code  
State of New York  
 Street 110 State Street  
 City Albany  
 State NY ZIP Code 12236  
 Foreign Country \_\_\_\_\_

**d** Control number . \_\_\_\_\_☒**Transfer employee information from the Federal Information Worksheet**

**e** Employee's name  
 First Laura M.I. M  
 Last Mattiace Suff. \_\_\_\_\_  
**f** Employee's address and ZIP code  
 Street 186 Locust Street, Apt. PVT  
 City Floral Park  
 State NY ZIP Code 11001  
 Foreign Country \_\_\_\_\_

**1** Wages, tips, other compensation  
47,729.47

**3** Social security wages  
49,335.26

**5** Medicare wages and tips  
49,335.26

**7** Social security tips  
 \_\_\_\_\_

Verification Code  
 \_\_\_\_\_

**11** Nonqualified plans  
 \_\_\_\_\_

**12** Enter box 12 below  
 \_\_\_\_\_

**13** ☐ Statutory employee  
☒ Retirement plan  
☐ Third-party sick pay

**14** Enter box 14 below **after** entering boxes 18, 19, and 20.  
**NOTE:** Enter box 15 **before** entering box 14.

**2** Federal income tax withheld  
7,188.15

**4** Social security tax withheld  
3,058.79

**6** Medicare tax withheld  
715.36

**8** Allocated tips  
 \_\_\_\_\_

**10** Dependent care benefits  
 \_\_\_\_\_  
 Distributions from sect. 457 and nonqualified plans  
*(Important, see Help)*

**Box 12**

Code

DD

EE

**Box 12**

Amount

8,146.09

2,389.53

If Box 12 code is:

A: Enter amount attributable to RRTA Tier 2 tax \_\_\_\_\_

M: Enter amount attributable to RRTA Tier 2 tax \_\_\_\_\_

P: Double click to link to Form 3903, line 4. . . \_\_\_\_\_

R: Enter MSA contribution for Taxpayer . . . \_\_\_\_\_

Spouse . . . . \_\_\_\_\_

W: Enter HSA contribution for Taxpayer . . . \_\_\_\_\_

Spouse . . . . \_\_\_\_\_

G: ☐ Employer is **not** a state or local government**Box 15**

State

NY

**Box 16**

State wages, tips, etc.

14-6013200

**Box 16**

State wages, tips, etc.

47,729.47

**Box 17**

State income tax

2,371.91

**Box 20**

Locality name

**Box 18**

Local wages, tips, etc.

**Box 19**

Local income tax

Associated State

**Box 14**Description or Code  
on Actual Form W-2

414 H

Amount

1,605.79

TurboTax Identification of Description or Code  
(Identify this item by selecting the identification from the drop down list. If not on the list, select Other).

NY IRC 414(h) Subject to NY tax

# Healthcare Entry Sheet

► Keep for your records

2016

The forms associated with healthcare (8965, 8962, 1095-A, 1095-B, 1095-C, and this Healthcare Entry Sheet) all interact with information from the information worksheet. Be sure to enter all personal information including dependents listed on the return **before** using this sheet to track health insurance coverage.

**Yes No/Partial**

☐ ☐ Everyone on the tax return was covered by health insurance all year.

If everyone on the return was covered and there was no Market Place coverage (Form 1095-A) then check the YES box above - no other action is required. The 1095-B or 1095-C can be used to verify coverage but you do not need to enter the information if everyone on the return was covered.

**Health Insurance Coverage for Individuals:** Use this form to report healthcare coverage for individuals for months:

- not reported on 1095-A, 1095-B or 1095-C
- not covered by employer
- months not covered by an exemption

**Note:** The 1095-A information **must** be entered on Form 1095-A in order to correctly calculate any Premium Tax Credit. The 1095-B or the 1095-C months can be entered directly in the table below.

If applicable enter information on form 1095-A, Health Insurance Marketplace Statement

**Note:** The IRS is not requiring the 1095-B or 1095-C be filed with the returns. To track the months covered you can either enter on the 1095-B and/or 1095-C or check the boxes below

If applicable enter information on form 1095-B, Health Coverage

If applicable enter information on form 1095-C, Employer-Provided Health Insurance Offer and Coverage

If applicable enter Market Place exemptions (ECNs) or Request exemptions on form 8965

**Note:** Do not enter the name, SSN, or date of birth directly on the table below. Instead, enter the information at the bottom of the Personal Information Worksheet or Dependent and Nondependent Information Worksheet.

Or if you check the box at the top "Yes" that "Everyone on the tax return was covered by health insurance all year." the covered all 12 months box will be marked for all the individuals below regardless of what is entered on the Personal Information or Dependent and Nondependent Information Worksheet.

Short Gap  
Eligible\*  
Yes No

a. Name of covered individual(s)	b. SSN	c. DOB	Covered all 12 months	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
1 Laura Mattiace	125-80-1511	10/06/92	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	T
2			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

\* See help for explanation of short gap Yes/No box function. It affects the calculation of short gap coverage for January and February based on answer, which indicates whether coverage at end of prior year qualify months for short gap eligibility.

To review the detail of each person listed on the return (covered, not covered, exempt) and to see any penalty calculation go to the **Health Care Individual Responsibility Smart Worksheet** on Form 8965. . . . . ►

**Completion checkbox:**

☐

Check this box once you are finished with all the healthcare related entries.

Form 1099-DIV Worksheet  
Keep for your records

2016

Name(s) Shown on Return  
Laura M Mattiace

Social Security Number  
125-80-1511

Ownership: (defaults to taxpayer) Check if Spouse ☐  
Check if Joint ☐

Payer's name . . . Vanguard

Box 1a	Total ordinary dividends U.S. government interest, if any, included in box 1a . . . . .	250.54
Box 1b	Qualified dividends . . . . . Adjusted qualified dividends . . . . .	250.54
Box 2a	Total capital gain distributions . . . . .	
Box 2b	Unrecaptured Section 1250 gain . . . . .	
Box 2c	Section 1202 gain eligible for 50% exclusion on QSB stock (See tax help) . . . . . Section 1202 gain eligible for 60% exclusion . . . . . Section 1202 gain eligible for 75% exclusion . . . . . Section 1202 gain eligible for 100% exclusion . . . . .	
Box 2d	Collectibles (28%) gain . . . . .	
Box 3	Nondividend distributions . . . . .	
Box 4	Federal income tax withheld . . . . .	
Box 5	Investment expenses . . . . .	
Box 6	Foreign tax paid (All income is considered passive. See Help) . . . . . a Check to deduct foreign taxes on Schedule A . . . . . b DoubleClick to link to a copy of Form 1116 . . . . . c For Form 1116, select which column. . . . . d Foreign source amount included in dividends . . . . .	OR A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
Box 7	Foreign country or U.S. possession . . . . . Check this box if foreign tax is from a mutual fund or a regulated investment company. See Tax Help for additional information. . . . .	<input type="checkbox"/>
Box 8	Cash liquidation distribution . . . . .	
Box 9	Noncash (fair market value) liquidation distribution. . . . .	
Box 10	Exempt-interest dividends . . . . .	

**Tax-exempt Interest Dividends State Allocation**  
For each row, enter state ID in column (a) and enter percent in column (b) or amount in column (c).

	(a) State or Territory ID	(b) Percent of total interest dividends for state	(c) Amount of interest dividends for state
Enter resident state ID . . . . .			
Enter each nonresident state on separate row . . . . . or			
Enter XX for all nonresident states (that aren't filed) i.e. you own a fund with no resident state dividends.			
Total . . . . .			

State where the dividends were earned. Postal code (such as "CA" or "NY") . . . . .

Box 11	a Specified private activity bond amount included in box 10 above . . . . . OR b Percent of private activity bond amount included in . . . . . %
--------	--

Box 12 State	Box 13 State identification no.	Box 14 State tax withheld	
-----------------	------------------------------------	------------------------------	--

FATCA filing requirement. . . . . ☐

Adjustments to Dividends or ESOP Distribution

Check the box that identifies the type of adjustment being made or if ESOP distribution:

N ☐ Nominee distribution  
H ☐ Other adjustment  
D ☐ ESOP distribution

Enter nominee or other adjustment amount (enter as positive) . . . . .

Additional Payer and Recipient Information

Payer's Federal ID Number . . . . .	Recipient's address and ZIP code
Payer's address and ZIP code	Transfer address from Federal Information Wks . <input type="checkbox"/>
Street . . . . .	Street . . . . .
City . . . . .	City . . . . .
State . . . . .	State . . . . .
ZIP Code . . . . .	ZIP Code . . . . .
Foreign Country . . . . .	Foreign Country . . . . .



# Form 1040 Qualified Dividends and Capital Gain Tax Worksheet

2016

Line 44

► Keep for your records

Name(s) Shown on Return Laura M Mattiace	Social Security Number 125-80-1511
---	---------------------------------------

1	Enter the amount from Form 1040, line 43 . . . . .	1	38,343.
2	Enter the amount from Form 1040, line 9b . . . . .	2	251.
3	Are you filing Schedule D?		
	<input type="checkbox"/> <b>Yes.</b> Enter the smaller of line 15 or 16 of Schedule D. If either line 15 or 16 is blank or loss, enter -0- . . . . . 3		
	<input checked="" type="checkbox"/> <b>No.</b> Enter the amount from Form 1040, line 13.		
4	Add lines 2 and 3 . . . . .	4	251.
5	If filing Form 4952 (used to figure investment interest expense deduction), enter any amount from line 4g of that form. Otherwise, enter -0- . . . . . 5 0.		
6	Subtract line 5 from line 4. If zero or less, enter -0- . . . . .	6	251.
7	Subtract line 6 from line 1. If zero or less, enter -0- . . . . .	7	38,092.
8	Enter:		
	\$37,650 if single or married filing separately, \$75,300 if married filing jointly or qualifying widow(er), \$50,400 if head of household.	8	37,650.
9	Enter the smaller of line 1 or line 8 . . . . .	9	37,650.
10	Enter the smaller of line 7 or line 9 . . . . .	10	37,650.
11	Subtract line 10 from line 9 (this amount taxed at 0%) . . . . .	11	0.
12	Enter the smaller of line 1 or line 6 . . . . .	12	251.
13	Enter the amount from line 11 . . . . .	13	0.
14	Subtract line 13 from line 12. . . . .	14	251.
15	Enter:		
	\$415,050 if single, \$233,475 if married filing separately, \$466,950 if married filing jointly or qualifying widow(er), \$441,000 if head of household.	15	415,050.
16	Enter the smaller of line 1 or line 15 . . . . .	16	38,343.
17	Add lines 7 and 11 . . . . .	17	38,092.
18	Subtract line 17 from line 16. If zero or less, enter -0- . . . . .	18	251.
19	Enter the smaller of line 14 or line 18 . . . . .	19	251.
20	Multiply line 19 by 15% (.15) . . . . .	20	38.
21	Add lines 11 and 19 . . . . .	21	251.
22	Subtract line 21 from line 12 . . . . .	22	0.
23	Multiply line 22 by 20% (.20) . . . . .	23	0.
24	Figure the tax on the amount on line 7. If the amount on line 7 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 7 is \$100,000 or more, use the Tax Computation Worksheet. . . . . 24 5,290.		
25	Add lines 20, 23, and 24 . . . . .	25	5,328.
26	Figure the tax on the amount on line 1. If the amount on line 1 is less than \$100,000, use the Tax Table to figure this tax. If the amount on line 1 is \$100,000 or more, use the Tax Computation Worksheet. . . . . 26 5,353.		
27	<b>Tax on all taxable income.</b> Enter the <b>smaller</b> of line 25 or line 26 here and on Form 1040, line 44. . . . . 27 5,328.		

# Tax Payments Worksheet

**2016**

► Keep for your records

Name(s) Shown on Return <u>Laura M Mattiace</u>	Social Security Number <u>125-80-1511</u>
--	--

**Estimated Tax Payments for 2016** (If more than 4 payments for any state or locality, see Tax Help)

Federal		State			Local		
Date	Amount	Date	Amount	ID	Date	Amount	ID
1 <u>04/18/16</u>		<u>04/18/16</u>			<u>04/18/16</u>		
2 <u>06/15/16</u>		<u>06/15/16</u>			<u>06/15/16</u>		
3 <u>09/15/16</u>		<u>09/15/16</u>			<u>09/15/16</u>		
4 <u>01/17/17</u>		<u>01/17/17</u>			<u>01/17/17</u>		
5							
<b>Tot Estimated Payments . . .</b>							

Tax Payments Other Than Withholding (If multiple states, see Tax Help)		Federal	State	ID	Local	ID
6	Overpayments applied to 2016 . . . .					
7	Credited by estates and trusts . . . .					
8	<b>Totals</b> Lines 1 through 7 . . . . .					
9	2016 extensions . . . . .					

Taxes Withheld From:				Federal	State	Local
10	Forms W-2 . . . . .			7,190.	2,372.	
11	Forms W-2G . . . . .					
12	Forms 1099-R . . . . .					
13	Forms 1099-MISC, 1099-K and 1099-G . . . . .					
14	Schedules K-1 . . . . .					
15	Forms 1099-INT, DIV and OID . . . . .					
16	Social Security and Railroad Benefits . . . . .					
17	Form 1099-B . . . . .	St	Loc			
18 a	Other withholding . . . .	St	Loc			
b	Other withholding . . . .	St	Loc			
c	Other withholding . . . .	St	Loc			
d	Positive Adjustment . . .	St	Loc			
e	Negative Adjustment . .	St	Loc			
f	Additional Medicare Tax. . . . .					
19	<b>Total Withholding</b> Lines 10 through 18f . . . . .			7,190.	2,372.	
20	<b>Total Tax Payments for 2016</b> . . . . .			7,190.	2,372.	

Prior Year Taxes Paid In 2016 (If multiple states or localities, see Tax Help)				State	ID	Local	ID
21	Tax paid with 2015 extensions . . . . .						
22	2015 estimated tax paid after 12/31/2015 . . . . .						
23	Balance due paid with 2015 return . . . . .						
24	Other (amended returns, installment payments, etc) . .						

**Earned Income Worksheet****2016**

► Keep for your records

Name(s) Shown on Return

Laura M Mattiace

Social Security Number

125-80-1511

**Part I – Earned Income Credit Wks Computation**

	Taxpayer	Spouse	Total
<b>1 If filing Schedule SE:</b>			
<b>a</b> Net self-employment income . . . . .			
<b>b</b> Optional Method and Church Employee income . . . . .			
<b>c</b> Add lines 1a and 1b . . . . .			
<b>d</b> One-half of self-employment tax . . . . .			
<b>e</b> Subtract line 1d from line 1c . . . . .			
<b>2 If not required to file Schedule SE:</b>			
<b>a</b> Net farm profit or (loss) . . . . .			
<b>b</b> Net nonfarm profit or (loss) . . . . .			
<b>c</b> Add lines 2a and 2b . . . . .			
<b>3 If filing Schedule C or C-EZ as a statutory employee, enter the amount from line 1 of that Schedule C or C-EZ . . . . .</b>			
<b>4 Add lines 1e, 2c and 3. To EIC Wks, line 5 . . . . .</b>			

**Part II – Form 2441 and Standard Deduction Worksheet Computations**

<b>5</b> Net self-employment earnings (line 4 above) . . . . .			
<b>6</b> Wages, salaries, and tips less distributions from nonqualified or section 457 plans, etc . . . . .	48,442.		48,442.
<b>7 a</b> Taxable employer-provided adoption benefits. . . . .			
<b>b</b> Foreign earned income exclusion . . . . .			
<b>8</b> Add lines 5 through 7b. To Form 2441, lines 19 and 20 . . . . .	48,442.		48,442.
<b>9 a</b> Taxable dependent care benefits. . . . .			
<b>b</b> Nontaxable combat pay . . . . .			
<b>10</b> Add lines 8, 9a & 9b. To Form 2441, lines 4 and 5 . . . . .	48,442.		48,442.
<b>11</b> Scholarship or fellowship income not on W-2 . . . . .			
<b>12</b> SE exempt earnings less nontaxable income . . . . .			
<b>13</b> Distributions from nonqualified/Sec. 457 plans . . . . .			
<b>14</b> Add lines 5, 6, 7a, 9a and 11 through 13. To Standard Deduction Worksheet . . . . .	48,442.		48,442.

**Part III – IRA Deduction Worksheet Computation**

<b>15</b> Net self-employment income or (loss) . . . . .			
<b>16</b> Wages, salaries, tips, etc . . . . .	48,442.		48,442.
<b>17</b> Net self-employment loss . . . . .			
<b>18</b> Alimony received. . . . .			
<b>19</b> Nontaxable combat pay . . . . .			
<b>20</b> Foreign earned income exclusion . . . . .			
<b>21</b> Keogh, SEP or SIMPLE deduction . . . . .			
<b>22</b> Combine lines 15 through 21. To IRA Wks, ln 2. . . . .	48,442.		48,442.

**Part IV – Schedule 8812 and Child Tax Credit Line 11 Worksheet Computations**

<b>23</b> Self-employed, church and statutory employees . . . . .			
<b>24</b> Wages, salaries, tips, etc . . . . .	48,442.		48,442.
<b>25</b> Nontaxable combat pay . . . . .			
<b>26</b> Combine lines 23 through 25. To Schedule 8812, line 4a & Line 11 Wks, line 2. . . . .	48,442.		48,442.

# Federal Carryover Worksheet

**2016**

► Keep for your records

Name(s) Shown on Return <u>Laura M Mattiace</u>	Social Security Number <u>125-80-1511</u>
--	--

## 2015 State and Local Income Tax Information (See Tax Help)

(a) State or Local ID	(b) Paid With Extension	(c) Estimates Pd After 12/31	(d) Total With- held/Pmts	(e) Paid With Return	(f) Total Over- payment	(g) Applied Amount
NY			1,388.		93.	
<b>Totals . .</b>			1,388.		93.	

## Other Tax and Income Information

			2015	2016
1	Filing status . . . . .	1	<u>1 Single</u>	<u>1 Single</u>
2	Number of exemptions for blind or over 65 (0 - 4) . . . . .	2		
3	Itemized deductions . . . . .	3	<u>1,388.</u>	<u>2,372.</u>
4	Check box if required to itemize deductions . . . . .	4	<input type="checkbox"/>	<input type="checkbox"/>
5	Adjusted gross income . . . . .	5	<u>32,249.</u>	<u>48,693.</u>
6	Tax liability for Form 2210 or Form 2210-F . . . . .	6	<u>2,828.</u>	<u>5,328.</u>
7	Alternative minimum tax . . . . .	7		
8	Federal overpayment applied to next year estimated tax . . . . .	8		

**QuickZoom to the IRA Information Worksheet for IRA information . . . . . ►**

## Excess Contributions

			2015	2016
9 a	Taxpayer's excess Archer MSA contributions as of 12/31 . . . . .	9 a		
b	Spouse's excess Archer MSA contributions as of 12/31 . . . . .	b		
10 a	Taxpayer's excess Coverdell ESA contributions as of 12/31 . . . . .	10 a		
b	Spouse's excess Coverdell ESA contributions as of 12/31 . . . . .	b		
11 a	Taxpayer's excess HSA contributions as of 12/31 . . . . .	11 a		
b	Spouse's excess HSA contributions as of 12/31 . . . . .	b		

## Loss and Expense Carryovers

Note: Enter all entries as a positive amount

			2015	2016
12 a	Short-term capital loss . . . . .	12 a		
b	AMT Short-term capital loss . . . . .	b		
13 a	Long-term capital loss . . . . .	13 a		
b	AMT Long-term capital loss . . . . .	b		
14 a	Net operating loss available to carry forward . . . . .	14 a		
b	AMT Net operating loss available to carry forward . . . . .	b		
15 a	Investment interest expense disallowed . . . . .	15 a		
b	AMT Investment interest expense disallowed . . . . .	b		
16	Nonrecaptured net Section 1231 losses from:	16 a		
	a 2016 . . . . .	b		
	b 2015 . . . . .	c		
	c 2014 . . . . .	d		
	d 2013 . . . . .	e		
	e 2012 . . . . .	f		
	f 2011 . . . . .			

Laura M Mattiace

125-80-1511

Loss and Expense Carryovers (cont'd)					2015	2016
17	AMT Nonrecap'd net Sec 1231 losses from:	a	2016 . . .	17 a		
		b	2015 . . .	b		
		c	2014 . . .	c		
		d	2013 . . .	d		
		e	2012 . . .	e		
		f	2011 . . .	f		
<b>Credit Carryovers</b>					<b>2015</b>	<b>2016</b>
18	General business credit . . . . .			18		
19	Adoption credit from:	a	2016 . . . . .	19 a		
		b	2015 . . . . .	b		
		c	2014 . . . . .	c		
		d	2013 . . . . .	d		
		e	2012 . . . . .	e		
20	Mortgage interest credit from:	a	2016 . . . . .	20 a		
		b	2015 . . . . .	b		
		c	2014 . . . . .	c		
		d	2013 . . . . .	d		
21	Credit for prior year minimum tax . . . . .			21		
22	District of Columbia first-time homebuyer credit . . . . .			22		
23	Residential energy efficient property credit . . . . .			23		
<b>Other Carryovers</b>					<b>2015</b>	<b>2016</b>
24	Section 179 expense deduction disallowed . . . . .			24		
25	Excess	a	Taxpayer (Form 2555, line 46) . . . . .	25 a		
	foreign	b	Taxpayer (Form 2555, line 48) . . . . .	b		
	housing	c	Spouse (Form 2555, line 46) . . . . .	c		
	deduction:	d	Spouse (Form 2555, line 48) . . . . .	d		

**Charitable Contribution Carryovers**

26 2015 Carryover of charitable contributions from:		Other Property		Capital Gain	
		(a) 50%	(b) 30%	(c) 30%	(d) 20%
a	2015 . . . . .				
b	2014 . . . . .				
c	2013 . . . . .				
d	2012 . . . . .				
e	2011 . . . . .				
27 2016 Carryover of charitable contributions from:		Other Property		Capital Gain	
		(a) 50%	(b) 30%	(c) 30%	(d) 20%
a	2016 . . . . .				
b	2015 . . . . .				
c	2014 . . . . .				
d	2013 . . . . .				
e	2012 . . . . .				

28 Amount overpaid less earned income credit . . . . . 1,316.

**2015 State Capital Loss Carryovers** (For users **not** transferring from the prior year)

State ID	Short-term Capital Loss for State	AMT Short-term Capital Loss for State	Long-term Capital Loss for State	AMT Long-term Capital Loss for State	Capital Loss (combined) for State	AMT Capital Loss (combined) for State

## Two-Year Comparison

2016

Name(s) Shown on Return  
 Laura M Mattiace

Social Security Number

Income	2015	2016	Difference	%
Wages, salaries, tips, etc . . . . .	32,214.	48,442.	16,228.	50.38
Interest and dividend income . . . . .	35.	251.	216.	617.14
State tax refund . . . . .	0.	0.	0.	
Business income (loss) . . . . .				
Capital and other gains (losses) . . . . .				
IRA distributions . . . . .				
Pensions and annuities . . . . .				
Rents and royalties . . . . .				
Partnerships, S Corps, etc . . . . .				
Farm income (loss) . . . . .				
Social security benefits . . . . .				
Income other than the above . . . . .				
<b>Total Income</b> . . . . .	32,249.	48,693.	16,444.	50.99
<b>Adjustments to Income</b> . . . . .				
<b>Adjusted Gross Income</b> . . . . .	32,249.	48,693.	16,444.	50.99
<b>Itemized Deductions</b>				
Medical and dental . . . . .				
Income or sales tax . . . . .	1,388.	2,372.	984.	70.89
Real estate taxes . . . . .				
Personal property and other taxes . . . . .				
Interest paid . . . . .				
Gifts to charity . . . . .				
Casualty and theft losses . . . . .				
Miscellaneous . . . . .	0.	0.	0.	
Phaseout of itemized deductions . . . . .				
<b>Total Itemized Deductions</b> . . . . .	1,388.	2,372.	984.	70.89
<b>Standard or Itemized Deduction</b> . . . . .	6,300.	6,300.	0.	0.00
<b>Exemption Amount</b> . . . . .	4,000.	4,050.	50.	1.25
<b>Taxable Income</b> . . . . .	21,949.	38,343.	16,394.	74.69
Income tax . . . . .	2,828.	5,328.	2,500.	88.40
Additional income taxes . . . . .				
Alternative minimum tax . . . . .				
<b>Total Income Taxes</b> . . . . .	2,828.	5,328.	2,500.	88.40
Nonbusiness credits . . . . .				
Business credits . . . . .				
<b>Total Credits</b> . . . . .				
Self-employment tax . . . . .				
Other taxes . . . . .				
<b>Total Tax After Credits</b> . . . . .	2,828.	5,328.	2,500.	88.40
Withholding . . . . .	4,144.	7,190.	3,046.	73.50
Estimated and extension payments . . . . .				
Earned income credit . . . . .				
Additional child tax credit . . . . .				
Other payments . . . . .				
<b>Total Payments</b> . . . . .	4,144.	7,190.	3,046.	73.50
Form 2210 penalty . . . . .				
Applied to next year's estimated tax . . . . .				
<b>Refund</b> . . . . .	1,316.	1,862.	546.	41.49
<b>Balance Due</b> . . . . .				

Current year effective tax rate . . . . . 10.94 %

**Tax Summary**  
► Keep for your records

**2016**

Name (s)  
Laura M Mattiace

<b>Total income</b> .....	48,693.
<b>Adjustments to income</b> .....	
<b>Adjusted gross income</b> .....	48,693.
<b>Itemized/standard deduction</b> .....	6,300.
<b>Exemption amount</b> .....	4,050.
<b>Taxable income</b> .....	38,343.
<b>Tentative tax</b> .....	5,328.
<b>Additional taxes</b> .....	
<b>Alternative minimum tax</b> .....	
<b>Total credits</b> .....	
<b>Other taxes</b> .....	
<b>Total tax</b> .....	5,328.
<b>Total payments</b> .....	7,190.
<b>Estimated tax penalty</b> .....	
<b>Amount Overpaid</b> .....	1,862.
<b>Refund</b> .....	1,862.
<b>Amount Applied to Estimate</b> .....	
<b>Balance due</b> .....	0.

**Which Form 1040 to file?**

You must use Form 1040A or Form 1040 because you have dividend income.

# Compare to U. S. Averages

► Keep for your records

2016

Name(s) Shown on Return Laura M Mattiace	Social Security No 125-80-1511
---	-----------------------------------

Your 2016 adjusted gross income (AGI) . . . . . 48,693.  
National adjusted gross income range used below . . . . . from 30,000. to 49,999.

**Note:** National average amounts have been adjusted for inflation. See Help for details.

Selected Income, Deductions, and Credits	Actual Per Return	National Average
Salaries and wages . . . . .	48,442.	37,099.
Taxable interest . . . . .		681.
Tax-exempt interest . . . . .		4,846.
Dividends . . . . .	251.	2,747.
Business net income . . . . .		14,895.
Business net loss . . . . .		7,512.
Net capital gain . . . . .		5,117.
Net capital loss . . . . .		2,277.
Taxable IRA . . . . .		10,420.
Taxable pensions and annuities . . . . .		17,645.
Rent and royalty net income . . . . .		7,413.
Rent and royalty net loss . . . . .		7,422.
Partnership and S corporation net income . . . . .		16,501.
Partnership and S corporation net loss . . . . .		12,603.
Taxable social security benefits . . . . .		7,669.
Medical and dental expenses deduction . . . . .		8,291.
Taxes paid deduction . . . . .	2,372.	4,139.
Interest paid deduction . . . . .		6,576.
Charitable contributions deduction . . . . .		2,620.
Total itemized deductions . . . . .	2,372.	15,873.
Child care credit . . . . .		599.
Education tax credits . . . . .		1,038.
Child tax credit . . . . .		1,008.
Retirement savings contributions credit . . . . .		197.
Earned income credit . . . . .		1,601.
Other Information	Actual Per Return	National Average
Adjusted gross income . . . . .	48,693.	39,578.
Taxable income . . . . .	38,343.	21,935.
Income tax . . . . .	5,328.	2,866.
Alternative minimum tax . . . . .		6,775.
Total tax liability . . . . .	5,328.	3,072.



Smart Worksheets from your 2016 Federal Tax Return

SMART WORKSHEET FOR: Form 1040A: Individual Tax Return

Tax Smart Worksheet	
A	Tax . . . . . 5,328.
	Check if from:
1	Tax table . . . . . <input type="checkbox"/>
2	Qualified Dividends and Capital Gain Tax Worksheet . . . . . <input checked="" type="checkbox"/>
3	Form 8615 . . . . . <input type="checkbox"/>
B	Recapture tax from Form 8863 . . . . .
C	Tax. Add lines A and B. Enter the result here and on line 28. . . . . 5,328.

# Electronic Filing Instructions for your 2016 New York Tax Return

Important: Your taxes are not finished until all required steps are completed.



LAURA M MATTIACE  
186 LOCUST STREET PVT  
Floral Park, NY 11001

<b>Balance Due/Refund</b>	Your New York state tax return (Form IT-201) shows a balance due of \$21.00.  Your return shows you have elected to pay your balance due of \$21.00 by Direct Debit using the following information: - Amount Withdrawn: \$21.00 - Account Number: 7013064967 - Routing Transit Number: 065000090 - Date of Withdrawal: 04/11/2017  To inquire about the status of your Direct Debit call the New York State Department of Taxation and Finance directly at 1-800-225-5829.		
<b>No Signature Document Needed</b>	No signature form is required since you signed your return electronically.		
<b>What You Need to Keep</b>	Your Electronic Filing Instructions (this form) Printed copy of your state and federal returns		
<b>2016 New York Tax Return Summary</b>	Taxable Income	\$	42,349.00
	Total Tax	\$	2,393.00
	Total Payments/Credits	\$	2,372.00
	Payment Due	\$	21.00

**Resident Income Tax Return**

New York State • New York City • Yonkers • MCTMT

**IT-201**

For the full year January 1, 2016, through December 31, 2016, or fiscal year beginning ...

**16**

For help completing your return, see the instructions, Form IT-201-I.

and ending ...

Your first name		MI	Your last name (for a joint return, enter spouse's name on line below)		Your date of birth (mmddyyyy)		Your social security number	
LAURA		M	MATTIACE		10061992		125801511	
Spouse's first name		MI	Spouse's last name		Spouse's date of birth (mmddyyyy)		Spouse's social security number	
Mailing address (see instructions, page 13) (number and street or PO box)					Apartment number		New York State county of residence	
186 LOCUST STREET					PVT		NASSAU	
City, village, or post office			State	ZIP code	Country (if not United States)		School district name	
FLORAL PARK			NY	11001			FLORAL PARK-BELLEROSE	
Taxpayer's permanent home address (see instructions, page 13) (number and street or rural route)					Apartment number		School district code number	
							195	
City, village, or post office			State	ZIP code	Taxpayer's date of death (mmddyyyy)		Spouse's date of death (mmddyyyy)	
			NY		Decedent information			

**A Filing status**(mark an **X** in one box):

- ① ☒ Single
- ② ☐ Married filing joint return  
(enter spouse's social security number above)
- ③ ☐ Married filing separate return  
(enter spouse's social security number above)
- ④ ☐ Head of household (with qualifying person)
- ⑤ ☐ Qualifying widow(er) with dependent child

**B Did you itemize** your deductions on your 2016 federal income tax return? ..... Yes ☐ No ☒**C Can you be claimed** as a dependent on another taxpayer's federal return? ..... Yes ☐ No ☒**D1** Did you have a financial account located in a foreign country? (see page 14) ..... Yes ☐ No ☒**D2 Yonkers residents and Yonkers part-year residents only:**

- (1) Did you receive a property tax freeze or property tax relief credit? (see page 14) ..... Yes ☐ No ☐
- (2) If Yes, enter the total amount ..... .00

**E** (1) Did you or your spouse **maintain living quarters in NYC** during 2016? (see page 14) .. Yes ☐ No ☒

(2) Enter the number of days spent in NYC in 2016 (any part of a day spent in NYC is considered a day).....

**F NYC residents and NYC part-year residents only** (see page 14):

- (1) Number of months **you** lived in NYC in 2016 .....
- (2) Number of months **your spouse** lived in NYC in 2016 .....

**G** Enter your **2-character special condition code(s)** if applicable (see page 14) .....**H Dependent exemption information** (see page 15)

First name	MI	Last name	Relationship	Social security number	Date of birth (mmddyyyy)

If more than 7 dependents, mark an **X** in the box. ☐

201001161555



For office use only

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

Your social security number
125801511

**Federal income and adjustments** (see page 15)

Whole dollars only

1	Wages, salaries, tips, etc. ....	1	48442 .00
2	Taxable interest income .....	2	.00
3	Ordinary dividends .....	3	251 .00
4	Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 25) .....	4	.00
5	Alimony received .....	5	.00
6	Business income or loss (submit a copy of federal Schedule C or C-EZ, Form 1040) .....	6	.00
7	Capital gain or loss (if required, submit a copy of federal Schedule D, Form 1040) .....	7	.00
8	Other gains or losses (submit a copy of federal Form 4797) .....	8	.00
9	Taxable amount of IRA distributions. If received as a beneficiary, mark an <b>X</b> in the box ... <input type="checkbox"/>	9	.00
10	Taxable amount of pensions and annuities. If received as a beneficiary, mark an <b>X</b> in the box <input type="checkbox"/>	10	.00
11	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit copy of federal Schedule E, Form 1040) .....	11	.00
12	Rental real estate included in line 11 .....	12	.00
13	Farm income or loss (submit a copy of federal Schedule F, Form 1040) .....	13	.00
14	Unemployment compensation .....	14	.00
15	Taxable amount of social security benefits (also enter on line 27) .....	15	.00
16	Other income (see page 15) Identify: .....	16	.00
17	Add lines 1 through 11 and 13 through 16 .....	17	48693 .00
18	Total federal adjustments to income (see page 15) Identify: .....	18	.00
19	<b>Federal adjusted gross income</b> (subtract line 18 from line 17) .....	19	48693 .00

**New York additions** (see page 16)

20	Interest income on state and local bonds and obligations (but not those of NYS or its local governments) .....	20	.00
21	Public employee 414(h) retirement contributions from your wage and tax statements (see page 16) .....	21	1606 .00
22	<b>New York's</b> 529 college savings program distributions (see page 16) .....	22	.00
23	Other (Form IT-225, line 9) .....	23	.00
24	Add lines 19 through 23 .....	24	50299 .00

**New York subtractions** (see page 17)

25	Taxable refunds, credits, or offsets of state and local income taxes (from line 4) .....	25	.00
26	Pensions of NYS and local governments and the federal government (see page 17) .....	26	.00
27	Taxable amount of social security benefits (from line 15) .....	27	.00
28	Interest income on U.S. government bonds .....	28	.00
29	Pension and annuity income exclusion (see page 18) .....	29	.00
30	<b>New York's</b> 529 college savings program deduction/earnings .....	30	.00
31	Other (Form IT-225, line 18) .....	31	.00
32	Add lines 25 through 31 .....	32	.00
33	<b>New York adjusted gross income</b> (subtract line 32 from line 24) .....	33	50299 .00

**Standard deduction or itemized deduction** (see page 20)

34	Enter your <b>standard deduction</b> (table on page 20) or your <b>itemized deduction</b> (from Form IT-201-D) Mark an <b>X</b> in the appropriate box: <input checked="" type="checkbox"/> <b>Standard</b> - or - <input type="checkbox"/> <b>Itemized</b>	34	7950 .00
35	Subtract line 34 from line 33 (if line 34 is more than line 33, leave blank) .....	35	42349 .00
36	Dependent exemptions (enter the number of dependents listed in item H; see page 20) .....	36	000 .00
37	<b>Taxable income</b> (subtract line 36 from line 35) .....	37	42349 .00

201002161555



NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

Name(s) as shown on page 1	Your social security number
LAURA M MATTIACE	125801511

**Tax computation, credits, and other taxes**

<b>38</b> Taxable income (from line 37 on page 2)	<b>38</b>	42349 .00
<b>39</b> NYS tax on line 38 amount (see page 21)	<b>39</b>	2393 .00
<b>40</b> NYS household credit (page 21, table 1, 2, or 3)	<b>40</b>	.00
<b>41</b> Resident credit (see page 22)	<b>41</b>	.00
<b>42</b> Other NYS nonrefundable credits (Form IT-201-ATT, line 7)	<b>42</b>	.00
<b>43</b> Add lines 40, 41, and 42	<b>43</b>	.00
<b>44</b> Subtract line 43 from line 39 (if line 43 is more than line 39, leave blank)	<b>44</b>	2393 .00
<b>45</b> Net other NYS taxes (Form IT-201-ATT, line 30)	<b>45</b>	.00
<b>46</b> Total New York State taxes (add lines 44 and 45)	<b>46</b>	2393 .00

**New York City and Yonkers taxes, credits, and surcharges, and MCTMT**

<b>47</b> NYC resident tax on line 38 amount (see page 22)	<b>47</b>	.00
<b>48</b> NYC household credit (page 22, table 4, 5, or 6)	<b>48</b>	.00
<b>49</b> Subtract line 48 from line 47 (if line 48 is more than line 47, leave blank)	<b>49</b>	.00
<b>50</b> Part-year NYC resident tax (Form IT-360.1)	<b>50</b>	.00
<b>51</b> Other NYC taxes (Form IT-201-ATT, line 34)	<b>51</b>	.00
<b>52</b> Add lines 49, 50, and 51	<b>52</b>	.00
<b>53</b> NYC nonrefundable credits (Form IT-201-ATT, line 10)	<b>53</b>	.00
<b>54</b> Subtract line 53 from line 52 (if line 53 is more than line 52, leave blank)	<b>54</b>	.00
<b>54a</b> MCTMT net earnings base	<b>54a</b>	.00
<b>54b</b> MCTMT	<b>54b</b>	.00
<b>55</b> Yonkers resident income tax surcharge (see page 25)	<b>55</b>	.00
<b>56</b> Yonkers nonresident earnings tax (Form Y-203)	<b>56</b>	.00
<b>57</b> Part-year Yonkers resident income tax surcharge (Form IT-360.1)	<b>57</b>	.00
<b>58</b> Total New York City and Yonkers taxes / surcharges and MCTMT (add lines 54 and 54b through 57)	<b>58</b>	.00
<b>59</b> Sales or use tax (see page 26; do not leave line 59 blank)	<b>59</b>	0 .00

See instructions on pages 22 through 25 to compute New York City and Yonkers taxes, credits, and surcharges, and MCTMT.

**Voluntary contributions** (see page 27)

<b>60a</b> Return a Gift to Wildlife	<b>60a</b>	.00
<b>60b</b> Missing/Exploited Children Fund	<b>60b</b>	.00
<b>60c</b> Breast Cancer Research Fund	<b>60c</b>	.00
<b>60d</b> Alzheimer's Fund	<b>60d</b>	.00
<b>60e</b> Olympic Fund (\$2 or \$4; see page 27)	<b>60e</b>	.00
<b>60f</b> Prostate and Testicular Cancer Research and Education Fund	<b>60f</b>	.00
<b>60g</b> 9/11 Memorial	<b>60g</b>	.00
<b>60h</b> Volunteer Firefighting & EMS Recruitment Fund	<b>60h</b>	.00
<b>60i</b> Teen Health Education	<b>60i</b>	.00
<b>60j</b> Veterans Remembrance	<b>60j</b>	.00
<b>60k</b> Homeless Veterans	<b>60k</b>	.00
<b>60l</b> Mental Illness Anti-Stigma Fund	<b>60l</b>	.00
<b>60m</b> Women's Cancers Education and Prevention Fund	<b>60m</b>	.00
<b>60n</b> Autism Fund	<b>60n</b>	.00
<b>60</b> Total voluntary contributions (add lines 60a through 60n)	<b>60</b>	.00
<b>61</b> Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT, and voluntary contributions (add lines 46, 58, 59, and 60)	<b>61</b>	2393 .00

201003161555



NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

Your social security number

125801511

62 Enter amount from line 61 ..... **62** 2393 .00**Payments and refundable credits** (see page 28)

63 Empire State child credit .....	<b>63</b>	.00
63a Family tax relief credit .....	<b>63a</b>	.00
64 NYS/NYC child and dependent care credit .....	<b>64</b>	.00
65 NYS earned income credit (EIC) .....	<b>65</b>	.00
66 NYS noncustodial parent EIC .....	<b>66</b>	.00
67 Real property tax credit .....	<b>67</b>	.00
68 College tuition credit .....	<b>68</b>	.00
69 NYC school tax credit (also complete F on page 1; see page 29) .....	<b>69</b>	.00
70 NYC earned income credit .....	<b>70</b>	.00
70a NYC enhanced real property tax credit .....	<b>70a</b>	.00
71 Other refundable credits (Form IT-201-ATT, line 18) .....	<b>71</b>	.00
72 Total <b>New York State</b> tax withheld .....	<b>72</b>	2372 .00
73 Total <b>New York City</b> tax withheld .....	<b>73</b>	.00
74 Total <b>Yonkers</b> tax withheld .....	<b>74</b>	.00
75 Total estimated tax payments and amount paid with Form IT-370 .....	<b>75</b>	.00

76 Total payments (add lines 63 through 75) ..... **76** 2372 .00**Your refund, amount you owe, and account information** (see pages 31 through 33)77 Amount overpaid (if line 76 is more than line 62, subtract line 62 from line 76) ..... **77** .0078 Amount of line 77 to be refunded  
Mark one refund choice: ☐ direct deposit (fill in line 83) - or - ☐ paper check ..... **78** .0079 Amount of line 77 that you want applied to your  
2017 estimated tax (see instructions) ..... **79** .0080 Amount you owe (if line 76 is less than line 62, subtract line 76 from line 62). To pay by electronic funds withdrawal, mark an **X** in the box ☒ and fill in lines 83 and 84. If you pay by check or money order you must complete Form IT-201-V and mail it with your return. .... **80** 21 .0081 Estimated tax penalty (include this amount in line 80 or reduce the overpayment on line 77; see page 31) ..... **81** .0082 Other penalties and interest (see page 32) ..... **82** .0083 Account information for direct deposit or electronic funds withdrawal (see page 32).  
If the funds for your payment (or refund) would come from (or go to) an account outside the U.S., mark an **X** in this box (see pg. 32) ☐83a Account type: ☒ Personal checking - or - ☐ Personal savings - or - ☐ Business checking - or - ☐ Business savings

83b Routing number 065000090 83c Account number 7013064967

84 Electronic funds withdrawal (see page 33) ..... Date 04112017 Amount 21 .00

Third-party designee? (see instr.) Yes <input type="checkbox"/> No <input type="checkbox"/>	Print designee's name	Designee's phone number ( )	Personal identification number (PIN)
	E-mail:		

▼ Paid preparer must complete ▼ (see instructions)		Preparer's NYTPRIN	NYTPRIN excl. code
Preparer's signature		Preparer's printed name	
Firm's name (or yours, if self-employed) SELF-PREPARED		Preparer's PTIN or SSN	
Address		Employer identification number	
		Date	
E-mail:			

▼ Taxpayer(s) must sign here ▼	
Your signature	
Your occupation CLERK	
Spouse's signature and occupation (if joint return)	
Date	Daytime phone number ( 516 ) 488-7153
E-mail: GMATTIAW@GMAIL.COM	

See instructions for where to mail your return.

201004161555



NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM



Department of Taxation and Finance

REV 01/25/17 TTW

# Summary of W-2 Statements

New York State • New York City • Yonkers

**IT-2**

Do not detach or separate the W-2 Records below. File Form IT-2 as an entire page with your return. See instructions on the back.

## W-2 Record 1

**Box a** Employee's social security number for this W-2 Record

125801511

**Box b** Employer identification number (EIN)

412258087

**Box c** Employer's information**Employer's name**

BAKERTOWNE VALLEY, INC

**Employer's address (number and street)**

431 BUNKER DRIVE

**City**

OCEANSIDE

**State**

NY

**ZIP code**

11572

**Country (if not United States)****Box 1** Wages, tips, other compensation

713.00

**Box 8** Allocated tips

.00

**Box 10** Dependent care benefits

.00

**Box 11** Nonqualified plans

.00

**Box 12a** Amount

.00

**Code**

| |

**Box 12b** Amount

.00

**Code**

| |

**Box 12c** Amount

.00

**Code**

| |

**Box 12d** Amount

.00

**Code**

| |

**Box 14a** Amount

.00

**Description****Box 14b** Amount

.00

**Description****Box 14c** Amount

.00

**Description****Box 14d** Amount

.00

**Description****Box 13** Statutory employee ☐Retirement plan ☐Third-party sick pay ☐Corrected (W-2c) ☐**NY State information:****Box 15a**

NY State

N Y

**Box 16a** NYS wages, tips, etc.

713.00

**Box 17a** NYS income tax withheld

.00

**Other state information:****Box 15b**

other state

| |

**Box 16b** Other state wages, tips, etc.

.00

**Box 17b** Other state income tax withheld

.00

**NYC and Yonkers**

information (see instr.):

**Box 18** Local wages, tips, etc.

Locality a

.00

Locality b

.00

**Box 19** Local income tax withheld

Locality a

.00

Locality b

.00

**Box 20** Locality name

Locality a

Locality b

Do not detach.

## W-2 Record 2

**Box a** Employee's social security number for this W-2 Record

125801511

**Box b** Employer identification number (EIN)

146013200

**Box c** Employer's information**Employer's name**

STATE OF NEW YORK

**Employer's address (number and street)**

110 STATE STREET

**City**

ALBANY

**State**

NY

**ZIP code**

12236

**Country (if not United States)****Box 1** Wages, tips, other compensation

47729.00

**Box 8** Allocated tips

.00

**Box 10** Dependent care benefits

.00

**Box 11** Nonqualified plans

.00

**Box 12a** Amount

8146.00

**Code**

D D

**Box 12b** Amount

2390.00

**Code**

E E

**Box 12c** Amount

.00

**Code**

| |

**Box 12d** Amount

.00

**Code**

| |

**Box 14a** Amount

1606.00

**Description**

414HSUB

**Box 14b** Amount

.00

**Description****Box 14c** Amount

.00

**Description****Box 14d** Amount

.00

**Description****Box 13** Statutory employee ☐Retirement plan ☐☒Third-party sick pay ☐Corrected (W-2c) ☐**NY State information:****Box 15a**

NY State

N Y

**Box 16a** NYS wages, tips, etc.

47729.00

**Box 17a** NYS income tax withheld

2372.00

**Other state information:****Box 15b**

other state

| |

**Box 16b** Other state wages, tips, etc.

.00

**Box 17b** Other state income tax withheld

.00

**NYC and Yonkers**

information (see instr.):

**Box 18** Local wages, tips, etc.

Locality a

.00

Locality b

.00

**Box 19** Local income tax withheld

Locality a

.00

Locality b

.00

**Box 20** Locality name

Locality a

Locality b

102001161555



NO HANDWRITTEN ENTRIES ON THIS FORM

## Part I – Personal Information

## Taxpayer:

First Name . . . . . LAURA  
 Middle Initial . . . . . M Suffix . . . . .  
 Last Name . . . . . MATTIACE  
 Social Security No. . . . . 125-80-1511  
 Occupation . . . . . Clerk  
 Date of Birth . . . . . 10-06-1992  
 Age as of 1-1-2017 . . . . . 24  
 Date of Death . . . . .  
 NY DL Doc ID . . . . . 5DYJQK6R02  
 Email Address . . . . . gmattiaw@gmail.com  
 Daytime Phone . . . . . (516) 488-7153  
 Extension . . . . .  
 Home Phone . . . . .

## Spouse:

First Name . . . . .  
 Middle Initial . . . . . Suffix . . . . .  
 Last Name . . . . .  
 Social Security No. . . . .  
 Occupation . . . . .  
 Date of Birth . . . . .  
 Age as of 1-1-2017 . . . . .  
 Date of Death . . . . .  
 NY DL Doc ID . . . . .  
 Email Address . . . . .  
 Daytime Phone . . . . .  
 Extension . . . . .

Check to print phone number on main form . . ☐ Home ☒ Taxpayer daytime ☐ Spouse daytime

## Mailing Address

Street Address . . . . . 186 LOCUST STREET Apartment No. . . . . PVT  
 City . . . . . Floral Park State . . . . . NY ZIP Code . . . . . 11001  
 Foreign code . . . . . Foreign country . . . . . Foreign postal code . . . . .  
 Foreign province/county . . . . . Foreign province/county abbreviation . . . . .

## Permanent Home Address (if different from mailing address above)

Street Address . . . . . Apartment No. . . . .  
 City . . . . . State . . . . . ZIP Code . . . . .  
 (Below should be used by New York nonresidents only)  
 Foreign code . . . . . Foreign country . . . . . Foreign postal code . . . . .  
 Foreign province/county . . . . . Foreign province/county abbreviation . . . . .

## New York County and School District Information

County . . . . . Nassau  
 School District . . . . . Floral Park-Bellerose School District Code . . . . . 195

## Part II – Main Form

- ☒ Full-year resident: Form IT-201, Resident Income Tax Return . . . . . ►  
☐ Part-year resident: Form IT-203, Nonresident and Part-Year Resident Income Tax Return . . . . . ►  
☐ Nonresident: Form IT-203, Nonresident and Part-Year Resident Income Tax Return . . . . . ►

## Taxpayer Spouse

☐☐

If **only one spouse** has New York source income, check the box related to that spouse

## New York City and City of Yonkers Residency Information:

	Taxpayer		Spouse	
	New York City	Yonkers	New York City	Yonkers
Residency Status:				
Full-year resident . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Part-year resident . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nonresident . . . . .	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Part-year residents dates of residency:				
From: . . . . .				
To: . . . . .				
If a City of Yonkers nonresident:				
Did you receive income or withholding from Yonkers sources during your period of nonresidence? . . . . .		Yes . . . <input type="checkbox"/> No . . . <input checked="" type="checkbox"/>		Yes . . . <input type="checkbox"/> No . . . <input type="checkbox"/>

## New York City Residents:

Yes No

☐☒

Did you or your spouse maintain living quarters in New York City during 2016?

☐☒

If married, did you or your spouse change New York City resident status at different times during the year? A 'Yes' response will generate separate Forms 360.1 for taxpayer and spouse.



**Part III – Filing Status**

- ☒ Single  
☐ Married, filing joint  
☐ Married, filing separate  
☐ You **did not** live with your spouse at any time during the year  
 If both you and your spouse itemized deductions on your federal tax return:  
☐ Both you and your spouse will itemize deductions on your New York State tax returns  
☐ Both you and your spouse will take the New York standard deduction  
☐ Head of household  
☐ Qualifying widow(er)

**Part IV – Credits****New York City Accumulation Distribution Credit:**

Taxpayer . . . . . Spouse . . . . .

**New York State and New York City Household Credit for Married Filing Separate Taxpayers:**

Number of exemptions claimed on spouse's return . . . . .  
 Adjusted gross income (IT-201 or IT-203, line 19) from spouse's return . . . . .  
 Total Build America Bond (BAB) interest included on spouse's federal income tax return . . . . .

**Refundable Credits Paid in Advance:**

Yes No

- ☐ ☒ Did you receive a check(s) from the NY Tax Department for the property tax freeze or property tax relief credits? (do **not** include any STAR credit received here)  
 If Yes, enter the amount . . . . . ▶

Check received for STAR credit . . . . . ▶

**New York State Public Trust Act** (new question at top of forms **IT-201-ATT** and **IT-203-ATT**):

Have you (or an entity of which you are an owner) been convicted of *Bribery Involving Public Servants and Related Offenses, Corrupting the Government, or Defrauding the Government* (NYS Penal Law Article 200, 496, or section 195.20)? . . . . . Yes ☐ No ☐  
**Note:** Checking "Yes" above makes you **not eligible** for any business tax credits allowed under Tax Law Article 22, Personal Income Tax.

**Part V – New York City Unincorporated Business Tax Return**

	Taxpayer	Spouse
<b>1 a</b> File NYC-202S . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b> File NYC-202. . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>c</b> Do not file NYC-202/NYC-202S . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>2</b> Gain (loss) from sale of business assets. . . . .		
<b>3</b> Net rent/royalty income from business property. . . . .		
<b>4</b> Other business income (loss) . . . . .		
<b>5</b> Income taxes/unincorporated business taxes paid and deducted on federal Schedule C or Schedule C-EZ . . . . .		
<b>6</b> Number of months in business in New York City during the year . . . . .		
<b>7 a</b> Use <b>direct deposit</b> for <b>NYC-202/NYC-202S tax refund</b> . . . . .	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>b</b> Will the funds for this refund go to an account outside the U.S.? . . . . .	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>c</b> Routing number . . . . .		
<b>d</b> Account number . . . . .		
<b>e 1</b> Account Type: Checking . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>2</b> Account Type: Savings . . . . .	<input type="checkbox"/>	<input type="checkbox"/>

**Part VI – Metropolitan Commuter Transportation Mobility Tax Worksheet**

	Taxpayer	Spouse
Starting with 2015 this tax is no longer reported on a separate return, but on the IT-201 or IT-203.		
<b>1</b> Complete MCTM Tax Worksheet . . . . .	<input type="checkbox"/>	<input type="checkbox"/>

**Part VII – Sales or Use Tax and Voluntary Gifts or Contributions****Sales or Use Tax**

<b>1 a</b>	If you do not owe any sales or use tax with the return, check this box . . . . .	<input checked="" type="checkbox"/>
<b>b</b>	To calculate tax due on nonbusiness-related items or services costing less than \$1,000 each (excluding shipping and handling) using the sales and use tax chart, check this box . . . . .	<input type="checkbox"/>
<b>c</b>	If manually calculating the sales or use tax due with the return, check this box and enter the amount of sales or use tax due on line 4 below . . . . .	<input type="checkbox"/>
<b>2</b>	If line 1b is checked and you maintained a permanent place of abode in New York State for sales and use tax purposes for only part of the year, enter the number of months you maintained a permanent place of abode in New York State . . . . .	_____
<b>3</b>	Sales tax due based on the sales and use tax chart . . . . .	_____
<b>4</b>	Sales tax due from ST-140, Individual Purchaser's Annual Report of Sales & Use Tax . .	_____
<b>5</b>	Total sales or use tax due (line 2 plus line 3) . . . . .	_____ 0.

**Voluntary Gifts or Contributions**

Return a Gift to Wildlife . . . . .	Volunteer Firefighting & EMS . . . . .
Missing/Exploited Children Fund . . . . .	Teen Health Education Fund . . . . .
Breast Cancer Research Fund . . . . .	Veterans Remembrance Fund . . . . .
Alzheimer's Fund . . . . .	Homeless Veterans Fund . . . . .
Olympic Fund (\$2 or \$4) . . . . .	Mental Illness Anti-Stigma Fund . . . . .
Prostate/Testicular Cancer Fund . . . . .	Women's Cancers Educ Prev Fd . . . . .
9/11 Memorial . . . . .	Autism Fund . . . . .

**Part VIII – Additional Information for E-Filed returns**

\_\_\_\_\_ W-2 Verification Indicator given by NYS (*See Help*).

☐ Tax Shelter Reportable Transaction Attachment Required (Form DTF-686)

**Electronic PDF Attachments**

PDF's that you have selected to attach to your state e-file return are listed below.

Description	Filename

**Part IX - Direct Deposit or Direct Debit Information**

<b>Yes</b>	<b>No</b>	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Use <b>direct deposit</b> for <b>New York tax refund</b> ?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Use electronic funds withdrawal of New York tax payment for the <b>tax return</b> ?
<input type="checkbox"/>	<input type="checkbox"/>	Use electronic funds withdrawal of New York tax payment for the <b>amended return</b> ? (EF Only)

**Bank Information**

For direct deposit or electronic funds withdrawal, fill out the information below :

Name of Financial Institution (optional) . . . . .	Capital One
Account Type . . . . .	Checking <input checked="" type="checkbox"/> Savings <input type="checkbox"/>
Personal or business account . . . . .	Personal <input checked="" type="checkbox"/> Business <input type="checkbox"/>
Routing number . . . . .	065000090
Account number . . . . .	7013064967

**Enter the following information only if you elect direct debit of your state tax payment:**

Enter the payment date to withdraw from the account above . . . . .	04/11/2017
State balance-due amount from this return . . . . .	21.

**Electronic funds withdrawal amount due with amended return information:**

Enter settlement date to withdraw the tax due amount from the account above . . . . .	_____
State balance-due amount paid with this amended return . . . . .	_____

**International ACH Transactions**

<b>Yes</b>	<b>No</b>	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Will the funds for this refund (or payment) go to (or come from) an account outside the U.S.?

**Electronic Filing of Estimated Payments**☐ File **Form(s) IT-2105** electronically (Check the boxes below next to the quarters you would like to file)

	Qtr	Payment Amount	Payment Due Date	Date to Withdraw	Date Signed	Date Transmitted	Date Accepted	Completed
	1		04/18/17	04/18/2017				
	2		06/15/17	06/15/2017				
	3		09/15/17	09/15/2017				
	4		01/16/18	01/16/2018				

**Bank Information for Estimated Payments**

For direct deposit or electronic funds withdrawal, fill out the information below :

Name of Financial Institution (optional) . . . . .	
Account Type . . . . .	Checking <input type="checkbox"/> Savings <input type="checkbox"/>
Personal or business account . . . . .	Personal <input type="checkbox"/> Business <input type="checkbox"/>
Routing number . . . . .	_____
Account number . . . . .	_____

**International ACH Transactions for Estimated Payments**

<b>Yes</b>	<b>No</b>	
<input type="checkbox"/>	<input type="checkbox"/>	Will the funds for this refund (or payment) go to (or come from) an account outside the U.S.?

**Part X – Extension Status****New York State Income Tax Return (IT-201 or IT-203)****Yes No**☐ ☒ Tax return due date extended?

Extended due date . . . . . \_\_\_\_\_

Amount paid with IT-370 . . . . . \_\_\_\_\_

**New York City Unincorporated Business Tax Return (NYC-202 or NYC-202S)****Yes No**☐ ☒ Has NYC-EXT, "Application for Automatic Extension", been filed for the taxpayer?

Extended due date . . . \_\_\_\_\_

☐ ☒ Has NYC-EXT, "Application for Automatic Extension", been filed for the spouse?

Extended due date . . . \_\_\_\_\_

**Part XI – Form NYC-1127, Nonresident Employees of the City of New York**

	<b>Taxpayer</b>	<b>Spouse</b>
<b>1</b> Check the box to indicate the individual(s) who were employed by the city of New York . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>2</b> New York City department or agency where employed. . . . .	_____	_____
<b>3</b> Date current employment with the city of New York began. . . . .	_____	_____
<b>4</b> If employment ended in 2016, enter final date of employment . . . . .	_____	_____
<b>5</b> For married filing joint taxpayers, file NYC-1127:		
<input type="checkbox"/> Separately, considering only the income/adjustments of the New York City employee		
<input type="checkbox"/> Jointly with spouse, all income/adjustments of both taxpayer and spouse are used to compute overpayment or balance due		

**Part XII – Other Information for Your Tax Return****2-digit special condition code number:**

- ☐ **Code A6 Build America Bond Interest** — You (or your spouse if married) included Build America Bond (BAB) interest in your federal adjusted gross income (AGI)  
 \* Enter total BAB interest included on Form 1040A or Form 1040, line 8a . . . \_\_\_\_\_  
 \* Enter BAB interest entered above from NY state or local governments . . . \_\_\_\_\_
- ☐ **Code C7 Combat zone** — You (or your spouse if married) qualify for an extension of time to file and pay your tax due under the combat zone or contingency operation relief provisions
- ☐ **Code D9 Deceased taxpayer** — If a joint return is being filed, the tax return qualifies for an automatic 90-day extension to file because either the taxpayer or spouse died within 30 days before the due date of their tax return.
- ☐ **Code K2 Combat zone, killed in action (KIA)** — You are filing a return on behalf of a member of the armed forces who died while serving in a combat zone
- ☐ **Code M2 Military Spouse Income** — The spouse of a servicemember is exempt from New York state tax on compensation earned in New York if domiciled in another state (IT-203 filers only)
- ☐ **Code E3 Out of the country** — You (or your spouse if married) qualify for an automatic two-month extension of time to file your federal return because you are out of the country
- ☐ **Code E4 Nonresident aliens** — You (or your spouse if married) are a federal nonresident alien
- ☐ **Code E5 Extension of time to file beyond six months** — You (or your spouse if married):
- Qualify for an extension of time to file beyond six months because you are outside the United States and Puerto Rico. Attach a copy of the letter sent to the IRS requesting additional time to file
  - Received a federal extension to qualify for the federal foreign earned income exclusion and/or the foreign housing exclusion or deduction. Attach a copy of the approved Form 2350, *Application for Extension of Time to File U.S. Income Tax Return*

**Part XII – Other Information for Your Tax Return (continued)**

- ☐ **Code 56 Ponzi-type fraudulent investment** - You (or your spouse if married) had a Ponzi-type fraudulent investment reported as a theft loss (itemized deduction) on the federal and New York tax returns using the federal safe harbor rules
- ☐ **Code P2 Protective Claim** - You (or your spouse if married) are claiming a refund on an amended return (IT-201-X or IT-203-X) based on unresolved issues involving the Tax Department
- ☐ **Code N3 NOL Carryback** - You (or your spouse if married) are filing an amended return (IT-201-X or IT-203-X) due to a net operating loss carryback

\_\_\_\_ If you (or your spouse if married) qualify under a special condition for filing your 2016 tax return not listed above, enter your 2-digit special condition code number

\_\_\_\_ If applicable, also enter the second 2-digit special condition code number

**Third Party Designee:**

**Yes No**

☐ ☐ May another person discuss this return with the New York Department of Taxation and Finance?

If Yes, complete the following:

Designee's name . . . . . \_\_\_\_\_

Designee's email address . . . . . \_\_\_\_\_

Designee's phone number . . . . . \_\_\_\_\_

Personal identification number . . . . . \_\_\_\_\_

**New York State Underpayment Penalty:**

- ☐ Allow New York Department of Taxation and Finance to figure the interest and penalty on IT-2105.9
- ☐ The taxpayer qualified for a 90 day extension of time to pay their first **2016** estimated tax payment

**Other Penalties and Interest:**

Enter any late filing penalty, late payment penalty, or interest (IT-201 or IT-203) . . . . . \_\_\_\_\_

**Long-term Residential Care Deduction (IT-201 and IT-203 Filers):**

**Yes No**

☐ ☐ Was the taxpayer a resident in a continuing care retirement community that was issued a certificate of authority by the New York State Department of Health to operate as a continuing care retirement community?

☐ ☐ Was the spouse a resident in a continuing care retirement community that was issued a certificate of authority by the New York State Department of Health to operate as a continuing care retirement community?

- 1** Fees paid during the year that are attributable to the cost of providing long-term care benefits under a continuing care contract . . . . .
- 2** Long-term care insurance deduction age limitation . . . . .

Taxpayer	Spouse

**Part XIII— Amended Return**

- ☐ You are filing a current year New York amended income tax return
- Payment made with original return . . . . . \_\_\_\_\_
- Refund received from original return . . . . . \_\_\_\_\_

# Tax Payments Worksheet

**2016**

► Keep for your records.

Name LAURA M MATTIACE	Social Security Number 125-80-1511
--------------------------	---------------------------------------

## Tax Payments for the Current Year

	Date	Payments		
		State	New York City	Yonkers
1 First Payment . . . . .				
2 Second Payment . . . . .				
3 Third Payment . . . . .				
4 Fourth Payment . . . . .				
<b>Additional Payments</b>				
5 Payment . . . . .				
Payment . . . . .				
Payment . . . . .				
Payment . . . . .				
Payment . . . . .				
5 a MCTMT Estimates made, from MCTMT Worksheet - Taxpayer . . . . .			5 a	
5 b MCTMT Estimates made, from MCTMT Worksheet - Spouse . . . . .			5 b	
6 Overpayment from previous year applied to current year . . . . .			6	
6 a MCTMT Overpayment from previous year, from MCTMT Wkst - Taxpayer . . . . .			6 a	
6 b MCTMT Overpayment from previous year, from MCTMT Wkst - Spouse . . . . .			6 b	
7 Amount paid with current year extension . . . . .			7	
8 Total tax payments . . . . .			8	

## New York State Income Tax Withheld for the Current Year

9 State withholding on Forms W-2 . . . . .	9	2,372.
10 State withholding on Forms W-2G . . . . .	10	
11 State withholding on Forms 1099-R . . . . .	11	
12 a State withholding on Forms 1099-MISC . . . . .	12 a	
12 b State withholding on Forms 1099-G . . . . .	12 b	
12 c State withholding on Forms 1099-K . . . . .	12 c	
13 Other state tax withholding . . . . .	13	
14 Total state income tax withheld . . . . .	14	2,372.

## City Income Tax Withheld for the Current Year

15 Total City of New York withholding . . . . .	15	
16 Total Yonkers withholding . . . . .	16	
17 Section 1127 withholding . . . . .	17	

## Section 414(h) and 125 Withholding

18 Public employee 414(h) retirement contributions - subject to New York Tax . . . . .	18	1,606.
19 Public employee 414(h) retirement contributions - <b>not</b> subject to New York Tax . . . . .	19	
20 Total City of New York withholding (IRC 125) - subject to New York Tax . . . . .	20	
21 Total City of New York withholding (IRC 125) - <b>not</b> subject to New York Tax . . . . .	21	
22 Date return will be filed and balance paid . . . . .	22	04/15/17

**New York State School District/County  
Selection Worksheet**

**2016**

► Keep for your records

Name as Shown on Return  
LAURA M MATTIACE

Social Security No.  
125-80-1511

Listed below are the counties in New York state. The school districts associated with each county are available by clicking on the field next to your county of residence. You should select the appropriate school district. Based on the school district selected, the program will automatically select the matching school district code.

**New York Counties**

Albany . . . . .	_____	Niagara . . . . .	_____
Allegany . . . . .	_____	Oneida . . . . .	_____
Broome . . . . .	_____	Onondaga . . .	_____
Cattaraugus . . .	_____	Ontario . . . . .	_____
Cayuga . . . . .	_____	Orange . . . . .	_____
Chautauqua . . .	_____	Orleans . . . . .	_____
Chemung . . . . .	_____	Oswego . . . . .	_____
Chenango . . . . .	_____	Otsego . . . . .	_____
Clinton . . . . .	_____	Putnam . . . . .	_____
Columbia . . . . .	_____	Rensselaer . . .	_____
Cortland . . . . .	_____	Rockland . . . .	_____
Delaware . . . . .	_____	St. Lawrence . .	_____
Dutchess . . . . .	_____	Saratoga . . . . .	_____
Erie . . . . .	_____	Schenectady . .	_____
Essex . . . . .	_____	Schoharie . . . .	_____
Franklin . . . . .	_____	Schuyler . . . . .	_____
Fulton . . . . .	_____	Seneca . . . . .	_____
Genesee . . . . .	_____	Steuben . . . . .	_____
Greene . . . . .	_____	Suffolk . . . . .	_____
Hamilton . . . . .	_____	Sullivan . . . . .	_____
Herkimer . . . . .	_____	Tioga . . . . .	_____
Jefferson . . . . .	_____	Tompkins . . . .	_____
Lewis . . . . .	_____	Ulster . . . . .	_____
Livingston . . . .	_____	Warren . . . . .	_____
Madison . . . . .	_____	Washington . . .	_____
Monroe . . . . .	_____	Wayne . . . . .	_____
Montgomery . . .	_____	Westchester . . .	_____
Nassau . . . . .	Floral Park-Bellerose	Wyoming . . . . .	_____
New York City . .	_____	Yates . . . . .	_____

## Two-Year Comparison

2016

Name as Shown on Return LAURA M MATTIACE			Social Security No. 125-80-1511	
	2015	2016	Difference	%
<b>Federal Adjusted Gross Income</b>	32,249.	48,693.	16,444.	50.99
<b>New York Additions</b>				
State and local interest income . . . . .				
Public employee 414(h) retirement contributions . . . . .	904.	1,606.	702.	77.65
New York's 529 college savings program distributions . . . . .				
Other New York additions . . . . .				
<b>Total New York Additions</b> . . . . .	904.	1,606.	702.	77.65
<b>New York Subtractions</b>				
State tax refund . . . . .				
Government pension exclusion . . . . .				
Taxable social security benefits . . . . .				
U.S. government interest income . . . . .				
Pension and annuity income exclusion . . . . .				
New York's 529 college savings program deductions/earnings . . . . .				
Other New York subtractions . . . . .				
<b>Total New York Subtractions</b> . . . . .				
<b>New York Adjusted Gross Income</b> . . . . .	33,153.	50,299.	17,146.	51.72
Standard or Itemized Deduction . . . . .	7,900.	7,950.	50.	0.63
Dependent exemptions . . . . .				
<b>New York Taxable Income</b> . . . . .	25,253.	42,349.	17,096.	67.70
New York State tax . . . . .	1,295.	2,393.	1,098.	84.79
New York State nonrefundable credits . . . . .				
Other New York State taxes . . . . .				
<b>Total New York State taxes</b> . . . . .	1,295.	2,393.	1,098.	84.79
New York City taxes . . . . .				
Yonkers City taxes . . . . .				
Use tax . . . . .	0.	0.	0.	
Voluntary gifts/contributions . . . . .				
<b>Total New York State, New York City and Yonkers Taxes, Use Tax and Voluntary Gifts/Contributions</b> . . . . .	1,295.	2,393.	1,098.	84.79
Withholding . . . . .	1,388.	2,372.	984.	70.89
Estimated tax payments, extension payment, and amount applied from prior year return . . . . .				
Refundable credits . . . . .				
<b>Total payments and refundable credits</b> . . . . .	1,388.	2,372.	984.	70.89
Underpayment penalty . . . . .				
Applied to next year's estimated tax . . . . .				
<b>Refund</b> . . . . .	93.			
<b>Balance Due</b> . . . . .		21.	21.	